MINNESOTA MDH DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 2810 0001 2257 3943

January 13, 2010

Randy Schroetter, Administrator
Hillcrest Terrace of Chisholm
624 SW Third Street Box 552
Chisholm, MN 55719

Re: Results of State Licensing Survey

Dear Mr. Schroetter:

The above agency was surveyed on December 15, 16, 17 and 18, 2009, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call our office with any questions at (651) 201-4301.

Sincerely,

Jean M. Johnston

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: St. Louis County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

01/07 CMR3199

Class F Home Care Provider

LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Class F home care providers (Class F). Class F licensees may also use this form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview staff, talk with clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Class F Home Care services. Completing this Licensing Survey Form in advance may facilitate the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the Class F home care regulations. Any violations of Class F Home Care Provider licensing requirements are noted at the end of the survey form.

Name of CLASS F: HILLCREST TERRACE OF CHISHOLM
HFID #: 20199
Date(s) of Survey: December 15, 16, 17, and 18, 2009
Project #: QL20199006

Indicators of Compliance	Outcomes Observed	Comments
1. The provider only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. **Focus Survey** • MN Rule 4668.0815 **Expanded Survey** • MN Rule 4668.0050 • MN Rule 4668.0800 Subp. 3 • MN Rule 4668.0825 Subp. 2 • MN Rule 4668.0845	• Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. • The service plan accurately describes the client's needs. • Care is provided as stated in the service plan. • The client and/or representative understand what care will be provided and what it costs.	**Focus Survey** _X_ Met ____ Correction Order(s) issued _X_ Education Provided **Expanded Survey** _X_ Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided **Follow-up Survey** #___ ____ New Correction Order issued ____ Education Provided

Indicators of Compliance	Outcomes Observed	Comments
2. The provider promotes the clients' rights. **Focus Survey** • MN Rule 4668.0030 • MN Statute §144A.44 **Expanded Survey** • MN Rule 4668.0040 • MN Rule 4668.0170 • MN Statute §144D.04 • MN Rule 4668.0870	• Clients are aware of and have their rights honored. • Clients are informed of and afforded the right to file a complaint. • Continuity of Care is promoted for clients who are discharged from the agency.	**Focus Survey** _X_ Met ____ Correction Order(s) issued ____ Education Provided **Expanded Survey** _X_ Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided **Follow-up Survey** #___ ____ New Correction Order issued ____ Education Provided
3. The health, safety, and well being of clients are protected and promoted. **Focus Survey** • MN Statute §144A.46 • MN Statute §626.557 **Expanded Survey** • MN Rule 4668.0035 • MN Rule 4668.0805	• Clients are free from abuse or neglect. • Clients are free from restraints imposed for purposes of discipline or convenience. Agency personnel observe infection control requirements. • There is a system for reporting and investigating any incidents of maltreatment. • There is adequate training and supervision for all staff. • Criminal background checks are performed as required.	**Focus Survey** _X_ Met ____ Correction Order(s) issued ____ Education Provided **Expanded Survey** _X_ Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided **Follow-up Survey** #___ ____ New Correction Order issued ____ Education Provided

Indicators of Compliance	Outcomes Observed	Comments
4. The clients' confidentiality is maintained. **Expanded Survey** • MN Rule 4668.0810	• Client personal information and records are secure. • Any information about clients is released only to appropriate parties. • Client records are maintained, are complete and are secure.	*This area does not apply to a Focus Survey* **Expanded Survey** _X_ Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided **Follow-up Survey** #___ ____ New Correction Order issued ____ Education Provided
5. The provider employs (or contracts with) qualified staff. **Focus Survey** • MN Rule 4668.0065 • MN Rule 4668.0835 **Expanded Survey** • MN Rule 4668.0820 • MN Rule 4668.0825 • MN Rule 4668.0840 • MN Rule 4668.0070 • MN Statute §144D.065	• Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. • Nurse licenses are current. • The registered nurse(s) delegates nursing tasks only to staff that are competent to perform the procedures that have been delegated. • The process of delegation and supervision is clear to all staff and reflected in their job descriptions. • Personnel records are maintained and retained. • Staff meet infection control guidelines.	**Focus Survey** _X_ Met ____ Correction Order(s) issued _X_ Education Provided **Expanded Survey** _X_ Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided **Follow-up Survey** #___ ____ New Correction Order issued ____ Education Provided

Indicators of Compliance	Outcomes Observed	Comments
6. Changes in a client's condition are recognized and acted upon. Medications are stored and administered safely. **Focus Survey** • MN Rule 4668.0855 • MN Rule 4668.0860 **Expanded Survey** • MN Rule 4668.0800 • MN Rule 4668.0815 • MN Rule 4668.0820 • MN Rule 4668.0865 • MN Rule 4668.0870	• A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment. • Emergency and medical services are contacted, as needed. • The client and/or representative is informed when changes occur. • The agency has a system for the control of medications. • A registered nurse trains unlicensed personnel prior to them administering medications. • Medications and treatments are ordered by a prescriber and are administered and documented as prescribed.	**Focus Survey** _X_ Met ____ Correction Order(s) issued ____ Education Provided **Expanded Survey** _X_ Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided **Follow-up Survey** #___ ____ New Correction Order issued ____ Education Provided
7. The provider has a current license. **Focus Survey** • MN Rule 4668.0019 **Expanded Survey** • MN Rule 4668.0008 • MN Rule 4668.0012 • MN Rule 4668.0016 • MN Rule 4668.0220 Note: MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.	• The CLASS F license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. • The agency operates within its license(s) and applicable waivers and variances. • Advertisement accurately reflects the services provided by the agency.	**Focus Survey** _X_ Met ____ Correction Order(s) issued ____ Education Provided **Expanded Survey** _X_ Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided **Follow-up Survey** #___ ____ New Correction Order issued ____ Education Provided

Indicators of Compliance	Outcomes Observed	Comments
8. The provider is in compliance with MDH waivers and variances **Expanded Survey** • MN Rule 4668.0016	• Licensee provides services within the scope of applicable MDH waivers and variances	*This area does not apply to a Focus Survey.* **Expanded Survey** _X_ Survey not Expanded ____ Met ____ Correction Order(s) issued ____ Education Provided **Follow-up Survey** #___ ____ New Correction Order issued ____ Education Provided

***Please note*: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings of the focused licensing survey may result in an expanded survey.**

SURVEY RESULTS: X All Indicators of Compliance listed above were met.

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below.

A draft copy of this completed form was left with Randy Schroetter at an exit conference on December 18, 2009. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. Class F Home Care Provider general information is available by going to the following web address and clicking on the Class F Home Care Provider link:

http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html

Regulations can be viewed on the Internet: http://www.revisor.leg.state.mn.us/stats (for MN statutes) http://www.revisor.leg.state.mn.us/arule/ (for MN Rules).

MINNESOTA
MDH
DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 3118

March 1, 2006

Randy Schroetter, Administrator
Hillcrest Terrace of Chisholm
624 SW Third Street Box 552
Chisholm, MN 55719

Re: Licensing Follow Up Revisit

Dear Mr. Schroetter:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on February 1, 2, and 3, 2006.

The documents checked below are enclosed.

__X__ Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.

_____ MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.

_____ Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: James Fena, President Governing Board
St. Louis County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Case Mix Review File

10/04 FPC1000CMR

Minnesota Department Of Health
Health Policy, Information and Compliance Monitoring Division
Case Mix Review Section

INFORMATIONAL MEMORANDUM

PROVIDER: HILLCREST TERRACE OF CHISHOLM

DATE OF SURVEY: February 1, 2, and 3, 2006

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:
HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:
SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER: ALHCP _____

NAME(S) AND TITLE(S) OF PERSONS INTERVIEWED:

Randy Schrooetter, Administrator
Jody Schroertter, LSW/Manager
Jenny Schroetter, Manager/RA,
Sherry Wright, RA
Merry Rushton, RN
Linda Hjerpe, Manager/RA
Rebecca Waldrogel, Resident Assistant Coordinator

SUBJECT: Licensing Survey _____ Licensing Order Follow Up ____X____

ITEMS NOTED AND DISCUSSED:

1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on April 18, 19, 20, and 21, 2005. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

1. MN Rule 4668.0065 Subp. 1	**Corrected**
2. MN Rule 4668.0810 Subp. 7	**Corrected**
3. MN Rule 4668.0815 Subp. 1	**Corrected**
4. MN Rule 4668.0815 Subp. 2	**Corrected**

5. MN Rule 4668.0815 Subp. 4	**Corrected**
6. MN Rule 4668.0825 Subp. 2	**Corrected**
7. MN Rule 4668.0825 Subp. 4	**Corrected**
8. MN Rule 4668.0835 Subp. 5	**Corrected**
9. MN Rule 4668.0845 Subp. 2	**Corrected**
10. MN Rule 4668.0855 Subp. 5	**Corrected**
11. MN Rule 4668.0855 Subp. 7	**Corrected**
12. MN Rule 4668.0860 Subp. 2	**Corrected**
13. MN Rule 4668.0860 Subp. 3	**Corrected**
14. MN Rule 4668.0860 Subp. 5	**Corrected**
15. MN Rule 4668.0860 Subp. 8	**Corrected**
16. MN Rule 4668.0865 Subp. 3	**Corrected**
17. MN Rule 4668.0865 Subp. 9	**Corrected**
18. MN Rule 4668.0870 Subp. 3	**Corrected**
19. MN Rule 4668.0870 Subp. 4	**Corrected**
20. MN Statute §144A.44 Subd. 1(13)	**Corrected**
21. MN Statute §626.557 Subd. 3(a)	**Corrected**
22. MN Statute §626.557 Subd. 14(b)	**Corrected**

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9988 0392

November 1, 2005

Randy Schroetter, Administrator
Hillcrest Terrace of Chisholm
624 SW Third Street Box 552
Chisholm, MN 55719

Re: Results of State Licensing Survey

Dear Mr. Schroetter:

The above agency was surveyed on April 18, 19, 20 and 21, 2005 for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: James Fena, President Governing Body
Gloria Lehnertz, Minnesota Department of Human Services
St. Louis County Social Services
Sherilyn Moe, Office of the Ombudsman
CMR File

Assisted Living Home Care Provider

LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use the Licensing Survey Form during an on-site visit to evaluate the care provided by Assisted Living home care providers (ALHCP). The ALHCP licensee may also use the form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: HILLCREST TERRACE OF CHISHOLM

HFID # (MDH internal use): 20199

Date(s) of Survey: April 18, 19, 20, and 21, 2005

Project # (MDH internal use): QL20199001

Indicators of Compliance	Outcomes Observed	Comments
1. The agency only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. (MN Rules 4668.0050, 4668.0800 Subpart 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs.	___ Met _X_ Correction Order(s) issued _X_ Education provided

Indicators of Compliance	Outcomes Observed	Comments
2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)	No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).	_X_ Met ___ Correction Order(s) issued _X_ Education provided
3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)	Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.	___ Met _X_ Correction Order(s) issued _X_ Education provided
4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)	There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.	_X_ Met ___ Correction Order(s) issued ___ Education provided
5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)	**Client personal information and records are secure.** **Any information about clients is released only to appropriate parties.** Permission to release information is obtained, as required, from clients and/or their representatives.	___ Met _X_ Correction Order(s) issued _X_ Education provided
6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)	A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.	___ Met _X_ Correction Order(s) issued _X_ Education provided

Indicators of Compliance	Outcomes Observed	Comments
7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)	Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.	___ Met _X_ Correction Order(s) issued _X_ Education provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.	___ Met _X_ Correction Order(s) issued _X_ Education provided ___ N/A
9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800,4668.0870)	Clients are given information about other home care services available, if needed. Agency staff follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.	___ Met _X_ Correction Order(s) issued _X_ Education provided ___ N/A
10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17) Note: MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.	The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).	_X_ Met ___ Correction Order(s) issued ___ Education provided

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

Survey Results:

_____ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
1	MN Rule 4668.0815 Subp. 1 RN Evaluation	X	X	Based on record review and interview, the licensee failed ensure that a registered nurse (RN) completed an individualized evaluation of the client's needs before establishing a service plan for two of six clients' (H1 and H3) records reviewed at site H. The findings include: Client #H3 began receiving services August of 2004 and had a service plan, dated the same day. The initial RN evaluation of the client's needs was dated five days later in August 2004. Client H1 began receiving services June 9, 2004 and had a service plan dated the same date, June of 2004. The initial RN evaluation of the client's needs was dated the day after the service plan. When interviewed April 20, 2005 the administrator stated he was unaware that the initial RN evaluation of clients H1 and H3's needs were done after the service plan had been completed. **Education:** Provided
1	MN Rule 4668.0815 Subp. 2 Service plan reevaluation	X	X	Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) revised a client's service plan when there was a change in condition that required change in services for three of three clients' (#B1, #B2 and #B3) reviewed in housing with services site B, two of six clients (#C1 and #C2) reviewed in housing with services site C. The findings include: A service plan last authenticated by client #B1 February of 2005, indicated client #B1 was to be provided with medication administration; central storage of medications; activities and exercises; bathing; blood glucose monitoring; and nebulizer and inhaler treatments. A supervisory visit, dated February of 2005,

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				and an interview with client #B1 on April 19, 2005, indicated resident aides were also providing client #B1 with hourly checks and assistance with dressing and transferring. The client's service plan was not revised to reflect the change in services. A service plan last authenticated by client #B2 February of 2005, indicated client #B2 was to be provided with medication administration; central storage of medications; activities and exercises; bathing; and blood glucose monitoring. Supervisory visits dated February of 2005 and April of 2005, and an interview with client #B2 on April 19, 2005, indicated client #B2 also received hourly checks, assistance with dressing and occasional incontinence care. The service plan was not revised to reflect the change in services. Client B3's service plan, dated November of 2004, indicated the client performed self-straight catheterizations and self-administration of medications and resident aides provided exercises, activities and bathing "As scheduled." Documentation indicated client #B3 had surgery on the wrist January of 2005. Physician orders included the application of an Ace wrap to the wrist. During an interview on April 20, 2005, employee #B3 reported the RN changed the wrist dressing and the resident aides performed the application of the Ace wrap. Client B3's service plan was not revised to reflect the change in services. On April 21, 2005 the housing manager confirmed the preceding findings. There was no RN on staff to interview. **Education:** Provided
1	MN Rule 4668.0825 Subp. 2 Nursing assessment and service plan	X	X	Based on observation, interview and record review, the licensee failed to ensure that a registered nurse (RN) completed an assessment of the client's functional status and need for restraints for two of three clients (#F1 and #F3) reviewed in housing with services site F and two of two clients (#H2 and #H6) reviewed in housing with services site H. The findings include:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				Client F1, F3, H2 and H6s' records lacked an assessment for the use of restraints which included at least the following information: the use of the restraint, alternative methods attempted before the client was restrained, a physician's order for the restraint, the client's representative approval of the use of the restraint, documentation when the restraint was used and that the client and/or their representative was informed of the risks related to the use of the restraint. Client #F1 was observed on April 20, 2005 sitting in his wheelchair with a restraint around his waist. Documentation August of 2004 indicated client #F1 was exhibiting combative behavior and staff put a restraint on client #F1. The client's record lacked documentation that the RN completed an assessment for the use of restraint. When interviewed April 21, 2005, the administrator indicated the RN was to evaluate the client and confirmed the record lacked documentation of a restraint assessment by the RN. He confirmed that unlicensed staff was authorized by the licensee to apply and remove the restraints. Client #F3 had a standing order for "chair/wheelchair safety strap/belt" signed by the physician July of 2004. A progress note, dated February of 2005, stated "Fell from wheel chair, restraint was applied per [name/title]." Client #F3's record lacked documentation that an assessment for the use of restraint was completed by the RN. When interviewed April 21, 2005 the house manager confirmed there was no assessment in the record and that unlicensed staff was authorized to apply and remove all client restraints. Client #H2 was observed seated in his wheelchair on April 18, 19 and 20, 2005 with a seat belt restraint fastened behind his wheelchair. Client #H2's record was reviewed and there was no assessment for the need of the restraint. Client #H2's representative was interviewed on April 19, 2005 and stated the licensee had informed him of client #H2's frequent falls and that

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				client #H2 would be restrained, but he was not informed of the risks associated with the use of the restraint. Client #H6 was observed seated in his wheelchair on April 18, 19, 20 and 21, 2005 with a seatbelt restraint around his waist and fastened onto the back lower frame of the wheelchair. Client #H6's record was reviewed and there was no assessment for the need of the restraint. The manager was interviewed on April 21, 2005 and was unable to provide any documentation related to the use of the restraint on the client. She confirmed that unlicensed staff was authorized to apply and remove the restraints. **Education:** Provided
1	MN Rule 4668.0845 Subp. 2 Supervision by RN	X	X	Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) supervised unlicensed personnel who performed services that required supervision for one of three clients (#B3) reviewed in housing with services site B, two of six clients (#C1 and #C3) reviewed in housing with services site C, three of three clients (# H2, #H5 and #H6) in housing with services (H) and one of three clients (#I3) in housing with services site I. The findings include: Client #C1 had a supervisory visit form, dated November 11, 2004, which was signed by a RN. The only information included on this form was the client's name, the care coordinator's name, and the supervisory visit date. The remainder of the form was blank. There was no documentation indicating that the client's care and services, which required supervisory visits had been evaluated. When interviewed April 18, 2005, the resident care coordinator confirmed the supervisory visit form was blank. Client #C3 had a RN supervisory visit on November 11, 2004. There were no further RN supervisory visits documented in the client's record. The client's services, which required supervisory visits, were discontinued February 11, 2005. When

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				interviewed April 18, 2005, the resident aide coordinator confirmed there was no sixty-two day RN visit between November 11, 2004 and February 11, 2005 documented in the client's record. Client #H2 received numerous delegated nursing services including medication administration and dressing changes. A supervisory visit by the RN was completed on December 24, 2004. The next visit did not occur until April 12, 2005. Client #H5 received delegates nursing services. The client's record indicated a supervisory visit was completed on December 24, 2004 and then again on April 5, 2005. Client #H6 received delegated nursing services and supervisory visits were documented as occurring on December 28, 2004 and again on April 8, 2005. The licensed nurse was interviewed on April 20, 2005 and the manager was interviewed on April 21, 2005. Neither was able to provide documentation that a supervisory visit for clients (#H2, #H5 and #H6) occurred in February 2005. Client #B3 began receiving delegated nursing services November 11, 2004. Documentation indicated a supervisory visit by a RN was not conducted until December 20, 2004. Client #I3 began receiving delegated nursing services January 20, 2005. He received the services through March 16, 2005. There was no documentation indicating that a supervisory visit by a RN had been performed**.** **Education:** Provided
2	MN Rule 4668.0030 Subp. 4 Content of Notice		X	**Education:** Provided
3.	MN Rule 4668.0065 Subp. 1 Tuberculosis screening	X	X	Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening prior to

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				providing services that required direct client contact for one of three employees (#C4) reviewed in housing with services C and one of two employees (#H2) reviewed in housing with services H. The findings include: Employee #C4 was hired as a resident aide April 4, 2005, and began providing direct care to clients April 5, 2005. Documentation indicated she received a Mantoux test April 4, 2005, which was read as negative April 6, 2005. When interviewed April 22, 2005, the resident aide coordinator confirmed that employee #C4 began providing direct care to clients before her Mantoux test was read as negative. Employee #H2 was hired as a residential assistant December 7, 2004. A Mantoux test was administered December 8, 2004, which was read as negative December 10, 2004. Documentation indicated she started providing direct care to clients December 8, 2004. Employee #H2 was interviewed April 20, 2005 and verified that she had contact with clients prior to receiving a negative reading of her Mantoux test. **Education:** Provided
3.	MN Statute §626.557 Subd. 3 (a) Reporting	X	X	Based on record review and staff interview, the licensee failed to report to the common entry point a suspect incident of maltreatment that occurred on February 15, 2005 involving client H6. The findings include: Client H6 resided in a secure unit in H building. All exits from the unit are alarmed. According to an incident report dated February 15, 2005 at 8:15 p.m., the client was missing from the unit. Staff searched all rooms and was unable to find the client. A few minutes later the client was found in the outside courtyard lying in a fetal position on the ground and was bleeding from his head. 911 was called and the client was transferred to the emergency room where he was treated for lacerations on his head. He also sustained a bruise to one of his eyes. The building manager was

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				interviewed on April 21, 2005 and stated she investigated the incident after it occurred. She was made aware that a staff member on another unit in the building had shut off the alarm when it started to sound, so the staff on the client's unit was unaware by the sound of the alarm that the client was exiting the building. The building manager stated she did not report the incident to the common entry point. **Education:** Provided
3.	MN Statute §626.557 Subd. 14 (b) Abuse Prevention Plan	X	X	Based on record review and interview, the licensee failed to ensure that an individual abuse prevention plan was developed for two of three clients (#D2 and #D3) reviewed in housing with services D, three of three clients (#E1, E2, and E3) reviewed residing in housing with services E, three of three clients (client #F1, F2, and F3) reviewed in housing with services F, two of three clients (#G2 and #G3) reviewed in housing with services G and one of four clients (#H5) reviewed in housing with services H. The findings include: Clients #D2, #D3, #E1, #E2, #E3, #F1, #F2, #F3, #G2, and #G3 had "ABUSE PREVENTION PLAN" forms in their records with a signature but no plan of action in place. When interviewed on April 21,2005, the house manager in housing with services E confirmed the forms were incomplete. She further stated the registered nurse completes that part of the form. Client #H5 had an "assessment of client vulnerability and safety" completed on June 6, 2004. The assessment indicated vulnerabilities in seventeen of twenty areas assessed. There was no individual abuse prevention plan available for review. The licensed nurse was interviewed on April 20, 2005 and verified that there was no abuse prevention plan for the client. **Education:** Provided
3	MN Statute §114A.44 Subd. 1 (13)	X	X	Based on record review and interview the licensee did not ensure that unlicensed personnel were properly trained and

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				competent to perform their duties. Unlicensed staff failed to contact the registered nurse (RN) when a client had a change in status, refused medications and a restraints were applied for one of three clients (#F3) reviewed in housing with services site F. The findings include: Client #F3 had an incident report dated February 7, 2005 at 8:45 p.m. which stated the client was agitated and combative from the start of shift. She had been slapping and spitting at staff. Staff attempted to give the client her 9:00 p.m. medications, the client refused the medications and as staff turned away to return the medications to the medication cabinet the client slid out of wheelchair to the floor. Another staff person was summoned and the client was put back into the wheel chair. The client was checked for injuries and none were found. The agency response on the report was "Staff applied restraint to [name] in the wheel chair." Records failed to establish that the RN was contacted for the client's refusal of medications, her change in status and the application of the restraint. A staff entry on February 7, 2005 at 11 p.m. to 7 a.m. indicated the client was very agitated, her speech was slurred, her words could not be understood and she was asking what her name was. The client slept for a while and was provided incontinence care. She was very angry and yelled out loud when the care was provided. The staff called the house manager at 2:40 a.m. and was told to check on the client every 15 to 20 min. The client was still agitated at 6:20 a.m. An incident report of February 8, 2005 at 11:30 a.m. stated, "When staff arrived here today [name] was lying in bed. Her face was swollen and she was having a hard time breathing. Staff informed the administers (sic) and they looked at her. They said to keep an eye on her until the nurse arrived. She was also combative." The agency response on the report indicated that the nurse came at 11:30 a.m., looked at the client and sent her to the emergency room.

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				When interviewed on April 21, 2005 at 10:30 a.m. the house manager stated the client was "usually quite cranky and combative." **Education:** Provided
5	MN Rule 4668.0810 Subp. 7 Confidentiality of Record	X	X	Based on record review and interview, the licensee failed to ensure the confidentiality of client information for three of three clients (#D1, #D2 and #D3) reviewed in housing with services D, three of three clients (# E1, #E2 and #E3) reviewed in housing with services E, three of three clients (#F1, #F2, and #F3) reviewed in housing with services F, three of three clients (#G1, #G2 and #G3) reviewed in housing with services G, and six of six clients (#H1, #H2, #H3, #H4, #H5 and #H6) reviewed in housing with services H. The findings include: Clients' (#H1, #H2, #H3, #H4, #H5 and #H6) records each contained a form titled "Consent for Release of Information." The client's representative signed the form, however the forms had not been filled out or dated. The forms were blank and there was no indication the clients' representatives were made aware of the information that could be released, to whom it would be released, or the intended use of the information. The administrator was interviewed April 20, 2005 and was unaware that the client records in housing with services site H contained blank, signed, consents for release of client information. The "Consent for Release of Information" form in clients (#D1, #D2, #D3, #G1, #G2 and #G3) records had not been completely filled out. The forms contained a signature and were not always dated. The Licensed Practical Nurse confirmed the preceding information during an interview April 20, 2005. The "Consent for Release of Information" form in clients' (#E1, #E2, #E3, #F1, #F2 and #F3) records had not been completely filled out. The forms contained a signature

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				and were not always dated. The house manager confirmed the findings during an interview April 21, 2005. **Education:** Provided
6	MN Rule 4668,0815 Subp. 3 Modification of Service Plan		X	**Education:** Provided
6	MN Rule 4668.0825 Subp. 2 RN Assessment	X	X	Based on observation, interview and record review, the licensee failed to ensure that a registered nurse (RN) completed an assessment of the client's functional status and need for restraints for two of three clients (#F1 and #F3) reviewed in housing with services site F and two of two clients (#H2 and #H6) reviewed in housing with services site H. The findings include: Client F1, F3, H2 and H6s' records lacked an assessment for the use of restraints which included at least the following information: the use of the restraint, alternative methods attempted before the client was restrained, a physician's order for the restraint, the client's representative approval of the use of the restraint, documentation when the restraint was used and that the client and/or their representative was informed of the risks related to the use of the restraint. Client #F1 was observed on April 20, 2005 sitting in his wheelchair with a restraint around his waist. Documentation August of 2004 indicated client #F1 was exhibiting combative behavior and staff put a restraint on client #F1. The client's record lacked documentation that the RN completed an assessment for the use of restraint. When interviewed April 21, 2005, the administrator indicated the RN was to evaluate the client and confirmed the record lacked documentation of a restraint assessment by the RN. He confirmed that unlicensed staff was authorized by the licensee to apply and remove the restraints. Client #F3 had a standing order for "chair/wheelchair safety strap/belt" signed by the physician July of 2004. A progress note, dated February of 2005, stated "Fell

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				from wheel chair, restraint was applied per [name/title].” Client #F3’s record lacked documentation that an assessment for the use of restraint was completed by the RN. When interviewed April 21, 2005 the house manager confirmed there was no assessment in the record and that unlicensed staff was authorized to apply and remove all client restraints. Client #H2 was observed seated in his wheelchair on April 18, 19 and 20, 2005 with a seat belt restraint fastened behind his wheelchair. Client #H2’s record was reviewed and there was no assessment for the need of the restraint. Client #H2’s representative was interviewed on April 19, 2005 and stated the licensee had informed him of client #H2’s frequent falls and that client #H2 would be restrained, but he was not informed of the risks associated with the use of the restraint. Client #H6 was observed seated in his wheelchair on April 18, 19, 20 and 21, 2005 with a seatbelt restraint around his waist and fastened onto the back lower frame of the wheelchair. Client #H6’s record was reviewed and there was no assessment for the need of the restraint. The manager was interviewed on April 21, 2005 and was unable to provide any documentation related to the use of the restraint on the client. She confirmed that unlicensed staff was authorized to apply and remove the restraints. **Education:** Provided
7	MN Rule 4668.0825 Subp. 4 Training delegated nursing procedures	X	X	Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) instructed unlicensed personnel in the proper methods for performing delegated nursing procedures prior to performing the procedure for one of three clients (#B3) in housing with services site B, two of six clients (#C1 and #C2) reviewed in housing with services site C, two of three clients (#F1 and #F3) reviewed in housing with services site F and one of one employee (#H2) observed in housing with services site H. The findings include:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				Client #C1 had surgery on her toe April 6, 2005. Physician's orders dated April 6, 2005 included the following wound care: "After showering, bathing or soaking, blot the surgical site dry and apply a thin layer of AmeriGel Wound Dressing. Apply 2-3 drops of sterile saline onto gauze pad of a Fabric Band-Aid. The Band-Aid dressing should be applied around the toe. Dressing changes need to be done once daily." Documentation on client #C1's "Medication, Treatment and Orders Administration Record" for April 2005 indicated that unlicensed personnel were performing the dressing changes daily starting on April 7, 2005. An instruction sheet listing the wound treatment was noted in the client's record and was signed by a licensed practical nurse (LPN) on April 7, 2005. The RN cosigned this instruction sheet on April 14, 2005. When interviewed April 18, 2005, the new RN stated that she had not instructed the unlicensed staff on the wound care procedure, and had not observed the unlicensed staff performing the dressing change to ensure they demonstrated competency in the procedure. Client #C2's service plan, dated February of 2004, indicated that the unlicensed staff assisted the client with Accu-Checks to monitor his blood sugar four times a day. Client #C2's "Medication, Treatment and Orders Administration Record" for April 2005, indicated that employee #C4, an unlicensed staff person, had performed client #C2's Accu-Check on several occasions. A review of employee #C4's personnel record revealed that she was hired by the assisted living home care provider on April 4, 2005. When interviewed on April 20, 2005, employee #C4 stated that she was instructed and "tested out" on how to perform an Accu-Check by a LPN. When interviewed on April 20, 2005, the new RN confirmed that she had not instructed employee #C4 on how to perform an Accu-Check, nor had she observed employee #C4 demonstrate competency in how to perform an Accu-Check. The RN confirmed that a LPN

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				instructed and observed employee #C4's competency in performing Accu-Checks. Client #B3 had wrist surgery January of 2005. Physician orders included a dressing change and Ace wrap. The medical record lacked documentation indicating client #B3 was assisted with the dressing changes and application of the Ace bandage. During an interview on April 20, 2005, the B site manager/resident assessment reported the registered nurse changed client #B3's wrist dressing and the resident aides performed the application of the Ace bandage. The registered nurse instructed employee #B3 on the application of the Ace bandage. There was no documentation in the record indicating the resident aides were instructed on the proper application of the Ace bandage on client #B3's wrist. Client # F3 had a notation in her record, dated February of 2005, "restraint was applied per [name/title]. The House Manager at site F stated on April 21, 2005 that the LPN, not the RN, had a training session for the staff on how to apply restraints. Staff initialed a form indicating they had attended. The house manager was unable to locate the training form but did have a procedure manual for use of manual restraint in an emergency. On April 19, 2005, residential assistant #H2 was observed performing a dressing change on client #H 2's extremities. The residential assistant was queried concerning the training she received concerning the techniques to follow when performing the client's dressing change. She stated had been instructed on the procedure by the LPN, but the RN never observed her perform the dressing change. There was no evidence in employee H3s' record that she had been instructed or observed by the RN on performing a dressing change. Residential assistant #H2 was interviewed April 19, 2005. A review of the client medication administration records indicated she administered insulin injections to some of the clients. She stated

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				she was instructed by the RN using an orange as a prop to instruct her how to administer an insulin injection. She stated the RN never observed her actually administering an insulin injection to a client. There was no evidence in employee H2s' record that she had been instructed or observed by the RN on performing an injection. **Education:** Provided
7	MN Rule 4668. 0835 Subp. 5 Orientation to clients	X	X	Based on record review and interview, the licensee failed to ensure that before initiating delegated nursing services the registered nurse (RN) orient each person who performed assisted living home care services to each client four of six clients (#C2, #C4, #C5 and #C6) reviewed in housing with services site C and two of two diabetic clients (#H5 and #H6) reviewed in housing with services site H. The findings include: Client #C2, #C4, #C5, and #C6s' records indicated that they received assistance from unlicensed personnel with monitoring their blood sugars and assistance with their insulin injections as ordered. When requested, there were no specific guidelines/parameters developed by the RN for the unlicensed staff to follow when obtaining low and/or high blood glucose levels for these clients. When interviewed, April 20, 2005, the resident coordinator confirmed there were no blood glucose level guidelines or parameters for staff to refer to. When interviewed April 20, 2005, employee #C4, an unlicensed staff person stated that when monitoring a client's blood sugar, and the reading was below twenty-five, she would give the client glucose gel and recheck the client's blood sugar to see if it increased. Employee #C4 stated that if the client's blood sugar was 35, she would give them orange juice and recheck their blood sugar in fifteen minutes. Employee #C4 stated that once the client's blood sugar was over 100, she would give them their regularly scheduled insulin dose. When questioned by the

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				reviewer regarding what she would do if the client's blood sugar was elevated, she stated that she would give them their insulin dose coverage as ordered by the physician, otherwise she would give them two glasses of water and have them walk around and recheck their blood sugar in fifteen minutes. When interviewed April 20, 2005, employee #C1, an unlicensed staff person stated that if the client's blood sugar was below 60, she would give them a glass of orange juice and recheck their blood sugar in a few minutes. If the client could not swallow, and their blood sugar was low, she would give them instant glucose (a gel) and then recheck their blood sugar in a few minutes. Employee #C1 stated that if attempts to get the client's blood sugar were unsuccessful, she would call 911 and then the RN. Employee #C1 stated that if the client's blood sugar was in the 300's, she would have the client drink water and have the client walk around. She stated she would recheck the client's blood sugar in a half of an hour to an hour. When interviewed April 22, 2005, the resident aide coordinator stated that if the client's blood sugar were below 70, she would give them orange juice and recheck their blood sugar. She stated that if the client's blood sugar were high she would give them their insulin coverage as ordered by the physician. If the client's blood sugar were "extremely high," she would give them water and have them walk around. Client #H6's blood sugar checks were completed by the residential assistants one time per day. The client's blood glucose was recorded as 216 on April 6, 2005 and the intervention documented was "gave water." It was also noted that water was given April 6, 2005 when the client's blood glucose was 257, on April 10 when the glucose reading was 404, on April 18 when the glucose reading was 300 and again on April 19 when the glucose reading was 379. Residential assistant #H 1 was interviewed April 20, 2005. She stated "a

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				supervisor" instructed her to give the client water when his blood glucose reading was "high." The residential assistant was queried concerning the type of instructions she received concerning notification of the nurse with high or low glucose readings. She indicated she had not received any instructions concerning any specific numbers, but indicated she would call the RN if the client were acting "odd." Client #H5's blood sugar checks were completed by the residential assistants two times per day. The client's blood glucose readings were recorded was 150 on March 7 2005, as 280 on March 10, and 223 on March 13, 2005. The documented interventions were "gave water" in all instances. **Education:** Provided
8	MN Rule 4668.0855 Subp. 5 PRN Medications	X	X	Based on record review and interview, the licensee failed to ensure the unlicensed staff reported the administration of pro re nata (PRN) medication to the registered nurse (RN) with in 24 hours after administration, or within a time period specified by the RN prior to the administration for two of three clients (#D2, and #D3) reviewed in housing with services site D, and two of three clients (#E1 and #E2) reviewed in housing with services site E. The findings include: Client #D2 received Acetaminophen 500 mg. (milligrams) PRN April of 2005. The client's record lacked documentation that the PRN medication had been reported to a RN. During an interview on April 20, 2005 the licensed practical nurse (LPN) confirmed the preceding information. Client #D3 received Ativan 0.5 mg. one tablet every eight hours PRN for anxiety April of 2005 at 7:30 (AM or PM could not be determined). The record lacked documentation that the PRN (as needed) medication had been reported to a RN. During an interview on April 20, 2005 the LPN confirmed the preceding information. Client #E1 and #E2 received PRN

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				medications without documented notification/review by a RN. Client #E1 received two Tylenol and one teaspoon of a cough medicine at 8:15 p.m. March of 2005. Client #E2 received two Tylenol and one teaspoon of a cough medicine at 9:40 (AM or PM could not be determined) on March of 2005. When interviewed April 19, 2005, the owner stated that the RN reviewed the PRN record and documents on the PRN sheet. There was no indication that the RN had been notified of the administration of the medication or that the RN specified, prior to administration, when she was to be notified. **Education:** Provided
8.	MN Rule 44668.0855 Subp. 7 Performance of routine procedures, medications	X	X	Based on record review and interview, the licensee failed to ensure that the registered nurse (RN) instructed unlicensed personnel in the proper methods to perform medication administration procedures for one of six clients (#C2) reviewed in housing with services site C who received assistance with medication from unlicensed staff. The findings include: Client #C2's service plan, dated February of 2004, indicated the unlicensed staff assisted the client with insulin administration twice a day. The client's "Medication, Treatment and Orders Administration Record" for April of 2005, indicated employee #C4, an unlicensed staff person, had injected client #C2's insulin as ordered on several occasions. A review of employee #C4's personnel record revealed that she was hired by the assisted living home care provider on April 4, 2005. When interviewed April 20, 2005, employee #C4 stated that she was instructed and "tested out" on how to perform an insulin injection by a licensed practical nurse (LPN). When interviewed April 20, 2005, the new RN confirmed that she had not instructed employee #C4 on how to perform an insulin injection, nor had she observed employee #C4 demonstrate competency in how to perform an insulin injection. The RN confirmed that a LPN instructed and observed employee #C4's competency in performing

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				insulin injections. **Education:** Provided
8.	MN Rule 4668.0860 Subp. 2 Prescriber's orders	X	X	Based on record review and interview, the licensee failed to ensure there were written prescribers orders for medications that were administered to one of three clients (# A1) in housing with services site A, and one of six clients (#C4) reviewed in housing with services site C. The findings include: Client #A1 had a progress note, dated March of 2005, which stated the client continued to request staff assistance in applying an anti fungal cream to her left great toe. The record lacked a physician's order for the anti fungal cream. During an interview April 19, 2005, the registered nurse confirmed there was no physician's order in the client's record for the anti fungal cream. Client #C4's medication administration record indicated the client was receiving Darvocet N-100 one tab three times a day starting in January of 2005. There was no physician's order for the Darvocet. When interviewed April 20, 2005, the resident aide coordinator confirmed that the client did not have a physician's order for the Darvocet. **Education:** Provided
8	MN 4668.0860 Subp. 3 MD Orders	X	X	Based on record review and interview, the licensee failed to ensure the clients received diets as prescribed by the physician for three of six clients (# C2, #C5 and #C6) reviewed in housing with services site C. The findings include: Client #C2 began receiving services February of 2004. Client #C2's admission orders signed by the physician the day services began included an order for a 2 Gram Low Concentrated Carbohydrate diet. Client #C5 began receiving services November of 2004. Client #C5's admission orders signed by a physician on

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				November of 2004 included an order for a Diabetic, 1800 calorie, 5 gram Sodium diet, which included a 1500 cc. (cubic centimeter) fluid restriction (if possible). Client #C6 began receiving services July of 2003. Client #C6 had a physician's order dated January of 2005 for a 1600 calorie diabetic diet. February of 2005, the physician changed client #C6's diet to an 1800 calorie diabetic diet. When interviewed April 20, 2005, a dietary staff, stated the dietary staff served low salt diets and diabetic diets. When questioned regarding how she knew the portion sizes to serve the clients on special diets, she stated that there were no written diet menus for the modified diets, and that she just knew what to give them, because, "I have it in my head, I just know." When questioned by the reviewer as to how many calories were in the diabetic diet that was served, she stated that she had no idea. The dietary staff stated that she served the diabetics less carbohydrate, the low calorie desserts, and increased protein. **Education:** Provided
8	MN Rule 4668.0860 Subp. 5 Content of orders	X	X	Based on record review and interview, the licensee failed to ensure the physician's standing orders contained the dosage indication and directions for use of each drug listed for six of six clients (#H1, #H2, #H3, #H4, #H5 and #H6) at housing with services site H and of five of nine clients (#D1, #D2, #F1, #F2 and #G3) reviewed in housing with services sites D, F and G. The findings include: The standing orders for client #'s D1, D2, F1, F2, G3, H1, H2, H3, H4, H5 and H6 did not include the dosage indication and/or the direction for use for each drug listed. For example, client #H3 had a physician's order, dated November of 2004, for "sulfate GS antacid PRN" (as needed). The order did not contain the dosage or frequency for administration. When interviewed April 19, 2004, the licensed practical nurse confirmed the standing orders were not complete.

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				Client #'s H1, H2, H3, H4, H5 and H6 all had standing orders, signed by a prescriber, in their records. The standing orders included Acetaminophen 500 milligrams as needed. There was no frequency for administration indicated. Client #D1's standing orders lacked a specific dosage for Tylenol and Bisacodyl suppositories and client #D2's and #G3's standing orders lacked a specific dosage for Aspirin, Tylenol and Bisacodyl suppositories. **Education:** Provided
8	MN Rule 4558.0860 Subp. 8 Implementation of order	X	X	Based on record review and interview, the licensee failed to take action to have a medication order implemented within twenty-four hours of receipt for one of six clients (#H3) reviewed at housing with services site H. The findings include: Client #H3 had a faxed physician's order dated October 12, 2004 changing the client's medication order for Protonix to Aciphex 20 mg. (milligrams) daily. The client's October 2004 medication administration sheet indicated "Protonix 40 mg" daily was signed as given October 10, 2004 through October 18, 2004. When interviewed April 20, 2005 the licensed practical nurse stated the registered nurse who signed the order no longer was employed by the licensee and that she did not know about the order. No further information was available during the survey. **Education:** Provided
8	MN Rule 4668.0865 Subp. 3 Control of Medications	X	X	Based on record review and staff interview, the licensee failed to maintain a system for the control of medications for six of six clients (H1, H2, H3, H4, H5 and H6) reviewed. The findings include: The medication administration records (MARS) for all clients had numerous initialed entries for medications administered circled on the monthly medication administration records (MAR)

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				reviewed. For example, client H1's MAR was reviewed and it was noted for the partial month of April, 2005, the following medications were circled on the MAR: K-Dur 20 meq. (Millequilivents) at 5:00 p.m. on April 2, 3, 4, 5; Lasix 40 mg (milligrams) at 5:00 p.m., on April 2, 3, 4, 5, 6; Geodon 20 mg. at 5:00 p.m. on April 2, 3, 4, 5, 7 and Aldactone 12.5 mg. at 5:00 p.m. on April 2, 3, 4, 5, 7. The licensed practical nurse was interviewed on April 19, 2005 and stated it was the licensee's procedure for the residential assistants (RA's) to circle ALL medications that were to be administered at a designated time when a medication was missing from a medication caddy since the residential assistants did not know the exact medication that was missing because there was no medication profile for the client's medications that they could reference. The licensed practical nurse verified that it was impossible to actually determine which medications had been administered and which medications had not been administered utilizing this type of system. The licensee's medication procedure book indicated that medication profiles were to be available for staff, but no profiles were available for review at the time of the survey. The licensee's medication policy dated January 2002 indicated "Only a licensed nurse will remove pills from the pharmacy containers." On April 20, 2005 a medication pass was observed. The residential assistant setting up medications removed a tablet of Xanax from a pill bottle. The residential assistant was interviewed and stated most of the clients' pills are preset up in weekly medications caddies, but some of the pills that are needed are in pill bottles and they have never been instructed not to remove pills from a medication bottle. **Education:** Provided
8	MN Rule 4668.0865 Subp. 9 Storage of Schedule II Drugs	X	X	Based on record review, observation and interview the licensee failed to ensure that controlled drugs were stored in a separately locked compartment and permanently

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				affixed to the physical plant or medication cart in housing with services sites B and H. The findings include: When interviewed on April 20, 2005, the licensed practical nurse (LPN) indicated that a weekly pillbox system is used for each client receiving medication administration assistance at housing with services site B. The pillboxes were observed to be stored in an office cabinet with a single lock. A separately locked storage box for schedule II drugs was permanently affixed, within the single locked cabinet. Scheduled II drugs were stored in this separately locked storage box. Within the cabinet was a permanently affixed locked storage box for schedule II drugs. The LPN reported there was one client, client #B4, who received OxyContin, a schedule II drug, four times per day. The regularly scheduled OxyContin was placed in client #B4's pill boxes and stored in the single locked section of the cabinet and not in the permanently affixed storage box for the schedule II drugs. On April 19, 2005 it was observed that schedule II drugs were stored in a locked metal box in a cabinet in the north H building kitchen. It was observed that the box was taken out of the cabinet and set on the kitchen counter top when Meds were removed from the box. The administrator was interviewed on April 20, 2005 and stated he was unaware the box was not permanently affixed to the physical plant. The box was permanently affixed during the survey. **Education:** Provided
9	MN Rule 4668.0870 Subp. 2 Drugs at discharge		X	**Education:** Provided
9.	MN Rule 4668.0870 Subp. 3 Disposition of medications	X	X	Based on record review and interview the licensee failed to ensure that when a loss or spillage of a Schedule II drug occurs, an explanatory notation was made in the client's record. The findings include:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				The site H narcotic record book documented three capsules of Tylox 5/500 were noted as "cracked open, rendered unusable" on February 2, 2005 by the registered nurse. The count for the narcotic was dropped from five capsules to two capsules on February 2, 2005, but there was no notation for the actual destruction of the capsules, the method of destruction or if the destruction of the capsules was witnessed. The narcotic record book documented "one pill broken, RN disposed of" on February 2, 2005. The pill was Xanax 0.25 milligrams. There was no documentation indicating the method of destruction or a witness to the destruction. The licensed nurse and administrator were interviewed on April 20, 2005 and they were unable to provide any further documentation for review for the destruction of the medications. **Education:** Provided
9.	MN Rule 4668.0870 Subp. 4 Loss or spillage of medication	X	X	Based on record review and interview the licensee failed to ensure that when a loss or spillage of a Schedule II drug occurs, an explanatory notation was made in the client's record. The findings include: The site H narcotic record book documented three capsules of Tylox 5/500 were noted as "cracked open, rendered unusable" on February 2, 2005 by the registered nurse. The count for the narcotic was dropped from five capsules to two capsules on February 2, 2005, but there was no notation for the actual destruction of the capsules, the method of destruction or if the destruction of the capsules was witnessed. The narcotic record book documented "one pill broken, RN disposed of" on February 2, 2005. The pill was Xanax 0.25 milligrams. There was no documentation indicating the method of destruction or a witness to the destruction. The licensed nurse and administrator were interviewed on April 20, 2005 and they were unable to provide any further documentation for review for the destruction of the medications. **Education:** Provided

A draft copy of this completed form was left with Randy Schroetter at an exit conference on April 26, 2005. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH web site. General information about ALHCP is also available on the web site:
http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm

Regulations can be viewed on the Internet: http://www.revisor.leg.state.mn.us/stats (for MN statutes) http://www.revisor.leg.state.mn.us/arule/ (for MN Rules).

(Form Revision 7/04)